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|--|-------------------------------------|--|
| <b>CASE NO</b><br><b>2020-00188</b>  | <b>REQUEST FOR WITNESS SUBPOENA</b> |  |
| <b>Commonwealth of Virginia</b><br><input checked="" type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input checked="" type="checkbox"/> TOWN of<br><b>Windsor, VA</b>  |                                     |  |
| <input type="checkbox"/> NAME OF PLAINTIFF(S) (LAST, FIRST, MIDDLE)<br><small>(IN CIVIL CASES ONLY)</small>  |                                     |  |
| <input type="checkbox"/> NAME OF DEFENDANT/CHILD (LAST, FIRST, MIDDLE)<br><small>LIST ONLY ONE DEFENDANT</small>   |                                     |  |
| <b>Charge:</b> <input checked="" type="checkbox"/> Obstruction of Justice/W/F Offc.<br><small>(TRAFFIC OR CRIMINAL CASE)</small>   |                                     |  |
| <b>COURT DATE AND TIME:</b><br><b>[REDACTED]</b>   |                                     |  |
| <b>REQUEST ON BEHALF OF</b><br><input checked="" type="checkbox"/> Plaintiff(s) <input type="checkbox"/> Defendant(s) <input checked="" type="checkbox"/> Juvenile<br><input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Respondent |                                     |  |
| <b>REQUESTED BY:</b><br><b>[REDACTED]</b><br><small>PRINTED NAME</small>   |                                     |  |
| <b>SIGNATURE</b><br><small>([REDACTED])</small><br><small>TELEPHONE NUMBER</small>   |                                     |  |
| <b>COURT USE ONLY</b><br><small>DATE RECEIVED [REDACTED] DATE ISSUED [REDACTED]</small>  |                                     |  |

**REQUEST FOR WITNESS SUBPOENA**  
Commonwealth of Virginia

(PLEASE PRINT)

**Isle of Wight**  
CITY OR COUNTY  
 GENERAL DISTRICT COURT ( Civil  Criminal  Traffic)  
 JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT

Please subpoena the witnesses below to appear before the Court on the date shown. (See Va. Code § 17.1-617 regarding limitation on compensation of subpoenaed witnesses.) Requests for subpoenas for witnesses should be filed at least ten days prior to trial or hearing.

**WITNESSES (IF MAILING ADDRESS IS RFD, P.O. BOX, ETC., PLEASE INDICATE LOCATION WHERE WITNESSES CAN BE FOUND.)**

|  |   |   |   |  |
|--|---|---|---|--|
| <b>NAME (LAST, FIRST, MIDDLE)</b><br><b>[REDACTED]</b> | <b>STREET ADDRESS/LOCATION</b><br><b>[REDACTED]</b> | <b>CITY, STATE, ZIP CODE</b><br><b>[REDACTED]</b> | <b>CITY OF [REDACTED] COUNTY NAME</b><br><b>([REDACTED] ) [REDACTED] 242-6799</b> | <b>TELEPHONE NUMBER</b><br><b>[REDACTED]</b> |
| <b>NAME (LAST, FIRST, MIDDLE)</b><br><b>[REDACTED]</b> | <b>STREET ADDRESS/LOCATION</b><br><b>[REDACTED]</b> | <b>CITY, STATE, ZIP CODE</b><br><b>[REDACTED]</b> | <b>CITY OF [REDACTED] COUNTY NAME</b><br><b>([REDACTED] ) [REDACTED]</b>          | <b>TELEPHONE NUMBER</b><br><b>[REDACTED]</b> |